IN RE:	8	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
	§	-
$\mathrm{Debtors}^{\scriptscriptstyle 1}$	§	Jointly Administered

 $<sup>^1</sup>$  The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.



### **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise ■ Taxpayer number	■ Report	vear				/ 6/			
3 2 0 3 4 1 5 9 3 9 5	2 0		0		nment Code, to review, req	under Chapter 552 and 559 uest and correct informatior ontact us at 1-800-252-1381			
Taxpayer name  Reschan circle if the mailing address has changed.									
Mailing address PO Box 19549				■ O Bia		te (SOS) file number or			
City AUSTIN State	TX	•••••	ZIP code plu	78760	Comptroller file	10898466			
Blacken circle if there are currently no changes from previou		rmation	is displayed,						
Principal office PO Box 19549, AUSTIN, TX, 787					7				
Principal place of business PO Box 19549, AUSTIN, TX, 787									
You must report officer, director, member, general partner and m		ation as	of the date y	ou complete this report					
Please sign below! This report must be sign	ed to satisf	y fran	chise tax	requirements.	1,000	000000015			
SECTION A Name, title and mailing address of each office					1000	000000015			
Name	Title			Director	m m	d d y y			
ALEX JONES	ľ	MANA	AGER	YES	expiration				
Mailing address PO Box 19549	City		AUSTIN		State <b>TX</b>	ZIP Code <b>78760</b>			
Name	Title			Director	m m	d d y y			
				○ YES	expiration				
Mailing address	City				State	ZIP Code			
Name	Title			Director	Term m	d d y y			
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Mailing address	City				State	ZIP Code			
SECTION B Enter information for each corporation, LLC,						·			
Name of owned (subsidiary) corporation, LLC, LP, PA or financial instit			of formation			ercentage of ownership			
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	ition	State o	of formation	Texas SOS	file number, if any	ercentage of ownership			
SECTION C Enter information for each corporation , LLC,	LP, PA or fina	ncial in	stitution, if	any, that owns an int	terest of 10 percent	or more in this entity.			
Name of owned (parent) corporation, LLC, LP, PA or financial institution	n 	State o	of formation	Texas SOS	S file number, if any Percentage of ownership				
Registered agent and registered office currently on file (see instruction Agent: <b>Eric J. Taube</b>	ns if you need to n	nake cha	nges)		filing with the Secretary of office or general partner in				
Office: 100 Congress Ave 18th Fir			City	Austin	State <b>TX</b>	ZIP Code <b>78701</b>			
The information on this form is required by Section 171.203 of the Tax sheets for Sections A, B and C, if necessary. The information will be ava				r financial institution that	t files a Texas Franchise Ta				
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.									
sign here ALEX JONES	Titl		NAGER	Date 11/11/2	•	e and phone number ) 646 - 4408			
Texas Comptroller Official Use Only									
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IN RE:	8	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
	§	_
Debtors <sup>1</sup>	§	Jointly Administered

 $<sup>^1</sup>$  The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.



(Rev.9-15/33)

### **Texas Franchise Tax Public Information Report**

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Taxp	ayer n		coae	151:	96 Frar	icilise	•		<b>■</b> Re	port	year					You have	cortain ri	abte und	ar Chante	or 552 a	and 550
3	2	0 3	4	1	5 9	3	9	5	2	0	1	8				rnment Code re have on fil	, to review	, request o	and corre	ct infor	rmation
Taxpayer name INFOWARS, LLC Blacken circle if the mailing address has changed									nged.												
Mailing address  3005 S LAMAR BLVD STE D109 317  Secretary of State (SOS) file number  Comptroller file number								numb	oer or												
City				ISTIN				tate	TX			ZIF	code plus 4	78704			•	08008		6	
<u></u> В	lacker	circle if	there a	re curr	ently no	hange	s from	previo	us year; if no	infor	mation	n is di	splayed, com	plete the	e applica	ble informa	tion in Se	ctions A	B and C		
Princi	Principal office 3005 S LAMAR BLVD STE D109 317, AUSTIN, TX, 78704																				
Princi	oal pla	ce of bus	ness						9 317, AI												
You m	ust rep	ort offic	er, dire	ctor, n	nember, g	eneral į	partne	r and i	nanager info	orma	tion as	s of th	e date you co	omplete	this repo	rt.					
Pl	ease	sign i	relow.	/ Th	is repo	rt mu	ıst b	e sig	ned to sa	tisf	y frai	nchi	se tax rec	quiren	nents.	111	1 C	0000	0000	015	
SECT		Name	e, title	and m	ailing a	ddress	of eac	ch offi	cer, directo	r, me	mber,	, gen	eral partner								
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Mailin	g addr	ess							City							State		Z	P Code		
SECT	ION B	Ente	inforr	natior	n for eac	h corp	oratio	n, LLC	, LP, PA or 1	inan	icial in	rstitu <sup>-</sup>	ion, if any,	in whic	h this er	ntity owns	an inter	est of 1	D perce	nt or	more
Name	of ow	ned (subs	idiary) d	corpora	tion, LLC,	LP, PA or	financ	ial insti	tution		State	of for	nation		Texas SO	S file numbe	er, if any	Percer	itage of	owners	ship
Name	of ow	ned (subs	idiary) (	orpora	tion, LLC,	LP, PA or	financ	ial insti	tution		State	of for	nation		Texas SO	S file numbe	er, if any	Percer	itage of	owners	ship
SECT	ION C	: Ente	inforr	natior	n for eac	h corpe	oratio	n , LLO	C, LP, PA or	finar	ncial ir	nstitu	tion, if any,	that ov	vns an iı	nterest of	10 perce	ent or m	ore in 1	this er	ntity.
Name	of own	ned (pare	nt) corp	oration	n, LLC, LP, I	PA or fin	ancial i	instituti	on		State	of for	nation		Texas SO	S file numbe	er, if any	Percer	itage of	owners	ship
Regist		-	-			-	e (see i	nstructi	ons if you need	to m	ake cha	anges)		You m	ust make	a filing with t	the Secreto	ry of Stat	e to chan	ge regi	istered
Agent					CHUR				•••••			To	ty			d office or ge	-   State			de	
Office The inf	· 				AVE 2 red by Sec				x Code for eac	h cor	poratio			AUS <sup>-</sup> ancial inst		at files a Tex	T	se Tax Re	ZIP Co		
sheets	for Sec	tions A, I	and C,	if nece	ssary. The	informa	tion w	ill be av	ailable for pu	blic ir	spection	on.									
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.																					
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TRANSMITTER ID = CCHFTWSPROD TLN = 00042714896

IN RE:

\$ Case No. 22-60020

\$ INFOW, LLC, et al.,

\$ Chapter 11 (Subchapter V)

\$ Jointly Administered

 $<sup>^1</sup>$  The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

#### Document 23-30014894279 SB on 04/2 Filipg Number: 896898466 Case 22-60020

180701 12-07-11 TX2012

#### **Texas Franchise Tax Public Information Report**

Ver. 3.4 05-102

(Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196

•	Taxpayer	number
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■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. 2) 463-4600.

32034159395			2012	Contact us at (800) 252-1381	Contact us at (800) 252-1381 or (512) 463-4600.						
	Taxpayer name INFOWARS,	LLC									
	Mailing address P.O. BOX 19549				Secretary of State (SOS) file number of Comptroller file number						
	city AUSTIN	State	TX	ZIP Code 78760  Plus 49549	0800898466						

oller file number 00898466 Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C. 910 WEST MARY STREET, AUSTIN, TX 78704

Principal place of business 910 WEST MARY STREET AUSTIN TX 78704 Officer, director and member information is reported as of the date a Public Information

Report is completed. The information is updated annually as part of the franchise tax Please sign below! report. There is no requirement or procedure for supplementing the information as

officers, directors, or members change throughout the year.



\*3203415939512\*

SECTION A Name, title and mailing address of each officer, director or member. Name Term expiration MANAGER ALEX JONES Mailing address City State ZIP Code AUSTIN 78760 TXP.O. BOX 19549 m m dd y Title Director Term expiration \_ YES City Mailing address State ZIP Code d d Title Director Term Name expiration City ZIP Code Mailing address State

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited

liability company. Name of owned (parent) corporation or limited liability company State of formation Texas SOS file number, if any Percentage of ownership Registered agent and registered office currently on file, (see instructions if you need to make changes) Check box if you need forms to change the registered agent or registered office information Agent: ELIZABETH M. SCHURIG 100 CONGRESS AVE., City AUSTIN 78701 State TX ZIP Code

The above Information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has ort who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company been mailed to each person name

sign here

Texas Comptroller Official Use Only



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IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
	§	-
Debtors <sup>1</sup>	§	Jointly Administered

 $<sup>^1</sup>$  The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

980701 12-02-09 TX2010

Ver. 1.0

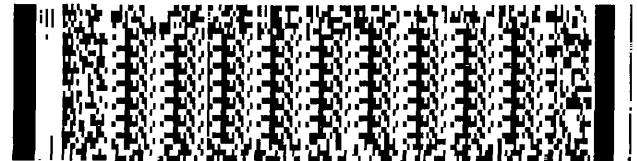
### **TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT**

To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions

05-102 (9-09/29) This report MUST be signed and filed to satisfy franchise tax requirements

(9-09/29)	i nis report
<b>-</b> .	

■ Tcode 13196												
■ Taxpayer number	■ Repo	ort year		You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you.								
32034159395	201	LO	-	-	(512) 463-4							•
Taxpayer name INFOWARS, LLC Mailing address						Sea	retary of	State fil	e numb	er or		
P.O. BOX 19549 (State			ZIP Code	l P	ius 4	Com	ptroller i	īle num	ber			
AUSTIN TX			78760		549	08	8008	984	166			
Check box if there are currently no changes from previous year; if no	information is d	ilsplayed, c	omplete the applic	able inf	ormation in Se	ctions A, B a	nd C.					
Principal office 910 WEST MARY STREET, AUSTIN Principal place of business	Г, ТХ	7870	4									
910 WEST MARY STREET, AUSTIN		7870	_	_			E ATTA INTO BEI	TA INTI ANTI I	TTULISHE ULU	LWY INCL	ISIA ALIS LI	n III l
Please sign below!  Officer, director and member in Report is completed. The information report. There is no requirement officers, directors, or members	nation is upo or procedu change thro	dated ar re for sup oughout	nually as part pplementing ti the year.	of the	e franchise	tax		2034	15939	9510	######################################	
SECTION A Name, title and mailing address of each office Name	er, director	or memb	oer.	l Dír	ector		m	m	d	d	17	У
ALEX JONES	MANAG	ידים!			YES	Term	'''	111	u	u	У	У
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P.O. BOX 19549	AUSTI	:N				TX				760	)	
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SECTION B Enter the Information required for each corporation	n or LLC, if an	ıy, in whic	h this entity ow	ns an i	nterest of te	n percent (	10%) o	r more	3.			
Name of owned (subsidiary) corporation or limited liability company		State of fo	rmation		Texas SOS	ile number, il	any	Perce	entage d	of Own	ership	[
Name of owned (subsidiary) corporation or limited liability company		State of fo	ormation		Texas SOS f	ile number, li	any	Perc	entage d	of Own	ership	
SECTION C Enter the information required for each corporation or limited liability company.	n or LLC, if an	y, that ow	ns an interest o	f ten p	ercent (10%	) or more i	n this e	ntity				·
Name of owned (parent) corporation or limited liability company		State of fo	rmation		Texas SOS f	ile number, if	any	Perce	entage c	of Own	ership	}
Registered agent and registered office currently on file. (See Instructions If you Agent: ELIZABETH M. SCHURIG	need to make o	changes)	Othe			box if you no	t or regis		ffice info	matio Code	ก.	
Office: 100 CONGRESS AVE., 22ND The above Information is required by Section 171,203 of the Tax Code for each for Sections A, B, and C, if necessary. The information will be available for publications.		limited llabi	City AUSTIN lity company that f	lles a Te	exas Franchise	7	itate <b>PX</b> Use add	itional s	7	870	1	
I declare that the information in this document and any attachments is true an been malled to each person named by this report who is an officer, director or												1
sign ( )	Title			Date	. 4				phone		ж ()	
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IN RE:	§	Case No. 22-60020
	§	
INFOW, LLC, et al.,	§	Chapter 11 (Subchapter V)
	§	-
$\mathrm{Debtors}^{\scriptscriptstyle 1}$	§	Jointly Administered

 $<sup>^1</sup>$  The Debtors in these chapter 11 cases along with the last four digits of each Debtor's federal tax identification number are as follows: InfoW, LLC f/k/a Infowars, LLC (6916). IWHealth, LLC f/k/a Infowars Health, LLC (no EIN), Prison Planet TV, LLC (0005). The address for service to the Debtors is PO Box 1819, Houston, TX 77251-1819.

### Case 22-60020 000481-9 908 TXSB on 04/21/22 Pag Filing Number: 800898466

You have certain rights under Chapter 552 and 559, Government Code,

to review, request, and correct information we have on file about you.

### **TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT**

05-102 Comptroller of Public Accounts (Rev. 1-08/28) FORM **■ Tcode** 13196

■ Taxpayer number

(To be filed by Corporations and Limited Liability Companies (LLCS)) This report MUST be filed to satisfy franchise tax requirements

■ Report year

3 2 0 3 4 1 5 9 3 9 5 2 0 0 9

Taxpayer name	1.121212121	1210101	Con	ntact us at: (512) 46	3-4600, or (800) 252-1381, toll fre	e nationwide.	
INFOWARS, LLC Mailing address PO BOX 19549 City		tate	ZIP Code	Plus 4	Secretary of State file number or Comptroller file number		
AUSTIN	T		78760	1	0800898466	_	
Blacken circle if the Entity's principal office	ere are currently no changes or add	itions to the inform	nation displayed in Section	on A of this report.	Then complete Sections B and	<b>C</b> .	
PO BOX 19549; AUSTIN, Principal place of busines					 	# (11/10 ANN 11/14) ENN 11/14 (11/1 ANN	
	VD, STE 350; AUSTIN, TX 78741						
Please sign below!	Officer, director and member info Report is completed. The inform report. There is no requirement of officers, directors, or members ch	ation is updated an or procedure for su	nually as part of the fran pplementing the informa	ichise tax	32034159	<b>3</b> 9509	
•	and mailing address of each offi		ember.	l Discotor			
Name ALEX JONES		Title MANAGER		Director YES	m m d Term	<i>ayy</i>	
Mailing address		City			expiration           State		
PO BOX 19549 Name		<b>AÚSTIN</b> Title		Director	TX 78760		
				YES	Term		
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Mailing address		City			State ZIP cod	le	
	nformation required for each corp	ooration or LLC, if	any, in which this repor	rting entity owns	an interest of		
ten percent (10%) or more. Name of owned (subsidiary) corporation or limited liability compa		ompany	State of formation	Texas SC	S file number, if any  Percentag	e of Ownership	
Name of owned (subsidiary) corporation or limited liability company			  State of formation	  Texas SC	Texas SOS file number, if any   Percentage of Ownership		
SECTION C Enter the in	nformation required for each corp	poration or LLC, if	 anv. that owns an inter	est of ten percen	 t (10%) or more in this reporting	ha na	
entity or lin	nited liability company.			•			
Name of owned (parent) corporation or limited liability company			State of formation				
Registered agent and regi Agent: ELIZABETH M. S	istered office currently on file. <i>(See</i> SCHURIG	instructions if you n	eed to make changes)	<i>(</i> )	n circle if you need forms to cha gistered agent or registered offic	-	
Office: 100 CONGRESS AVENUE 22ND FLOOR			City AUSTIN		State   ZIP Code  TX   78701		
	uired by Section 171.203 of the Tax Code		or limited liability company	that files a Texas Fra	nchise Tax Report. Use additional sh	eets	
I declare that the information	in this decument and any attachments	is true and correct to	the best of my knowledge a				
mailed to each person named Sign \	in this report who is an officer, director		is not currently employed b itle	y this, or a related, co  Date	orporation or limited liability compar Area code and ph		
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